

November 10, 2003

Montana Medicaid Notice

Physicians, Mid-Level Practitioners, Public Health Clinics, and Outpatient Hospital Providers

New EMTALA Policy

The Department is changing policy to conform to the new provisions of EMTALA which go into effect November 10, 2003. We will reimburse, as required by the Balanced Budget Act, for EMTALA-required screenings at any additional facilities which are included in the updated definition of “dedicated emergency departments” (DED). This pertains only to the screenings for those people who come to the facility seeking emergency care.

Hospital owned urgent care facilities, regardless of provider-based designation, that are able to show the Department they meet the updated definition of DED and bill on a CMS-1500 form will be re-enrolled as a physician with a provider specialty of (42). If you believe your facility qualifies as a dedicated emergency department, contact the ACS Provider Relations Unit to update your provider specialty.

The Department will reimburse in the following manner:

- For those presenting at the urgent care facility for non-emergent care, PASSPORT provider authorization is required per the PASSPORT regulations.
- For those presenting at the urgent care facility seeking emergency services where an emergency was found to exist, the Department will reimburse for that emergent care. It has always been the Department’s policy to pay for screens and for necessary emergency treatment without PASSPORT approval in emergency rooms, and also to pay for emergency services without PASSPORT authorization wherever such services are rendered. Because emergencies are rarely treated outside of hospital emergency rooms, the Department requires documentation of the emergency condition when reimbursing for emergencies treated outside of the emergency room. The claims and documentation can be sent to:

Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602

- For those presenting at the urgent care facility seeking emergency services where an emergency was found not to exist, the Department will pay a screening fee. The screening will be reimbursed at the lowest level office evaluation and management code. In these situations only, please enter 9930006 in box 17a. Place of service will be unchanged with this new billing procedure.

In all the situations described above, only one CMS-1500 claim form can be submitted for each service. If someone comes seeking emergency medical services, but no emergency is deemed to exist, the provider must obtain PASSPORT approval for continued services. If PASSPORT autho-

rization is denied, the provider can bill for the screening fee using 9930006. However, if PASSPORT authorization is obtained, the provider should bill as instructed in the Physician Related Services manual. The Department will not pay a screening fee in addition to the PASSPORT authorized services.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>